# Case 18-29768-ABA Doc 82 Filed 07/01/22 Entered 07/01/22 13:09:38 Desc Main Document Page 1 of 7

Fill in this information to identify your case:							
Debtor 1	James T. Loring						
	First Name	Middle Name	Last Name				
Debtor 2	Rosemary Loring						
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States I	Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY CAMDEN VICINAGE				
Case number	18-29768-ABA						
(if known)							

Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

info	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendor original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	190,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	10,242.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	200,242.00
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	152,079.48
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	21,376.27
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	15,508.00
	Your total liabilities	\$	188,963.75
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,655.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,215.71
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and s	ubmit this form to
٥	cial Form 4000 are		

# Case 18-29768-ABA Doc 82 Filed 07/01/22 Entered 07/01/22 13:09:38 Desc Main Document Page 2 of 7

Debtor 1 James T. Loring
Debtor 2 Rosemary Loring Case number (if known) 18-29768-ABA

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1,427.00

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

the court with your other schedules.

	Total c	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	21,376.27
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	21,376.27

Fill in this information	to identify your case:	
Debtor 1	James T. Loring	
Debtor 2 (Spouse, if filing)	Rosemary Loring	
United States Bankrup	otcy Court for the: DISTRICT OF NEW JERSEY CAMDEN VICINAGE	
Case number (lf known)	-29768-ABA	Check if this is:  An amended filing A supplement showing postpetition chapter
Official Form	n 106I	13 income as of the following date:  MM / DD/ YYYY

#### mciai Form 1061

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Franciscon and atatus	■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Self-Employed	Retired
	Include part-time, seasonal, or self-employed work.	Employer's name		
	Occupation may include student or homemaker, if it applies.	Employer's address		
		How long employed the	here?	
Dar	Give Details About Mor	othly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

For Debtor 1

0.00

0.00

0.00

0.00 0.00

For Debtor 2 or non-filing spouse

0.00

Calculate gross Income. Add line 2 + line 3.

	otor 1 otor 2	James T. Loring Rosemary Loring		C	Case	e number ( <i>if kr</i>	nown)	1	8-29768-A	BA	
	Cor	by line 4 here	4.		Fo:	r Debtor 1	0.00		For Debtor non-filing s		
	Joh	y line 4 here	٦.		Ψ_		.00	-	Ψ	0.00	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	C	0.00		\$	0.00	)
	5b.	Mandatory contributions for retirement plans	5b.		\$	(	0.00	_	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$	(	00.0	_	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.		\$	(	00.0	_	\$	0.00	<u> </u>
	5e.	Insurance	5e.		\$_	(	00.0		\$	0.00	
	5f.	Domestic support obligations	5f.		\$_	(	0.00	_	\$	0.00	<u> </u>
	5g.	Union dues	5g.		\$_		0.00	_	\$	0.00	_
	5h.	Other deductions. Specify:	_ 5h.	.+	\$_		0.00	_ +	\$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	(	0.00	_	\$	0.00	<u>_</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	(	0.00	_	\$	0.00	_
8.	8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$_	1,427		_	\$	0.00	_
	8b.	Interest and dividends	8b.		\$_	(	00.0	_	\$	0.00	<u></u>
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance	8c. 8d. 8e.		\$_ \$_ \$_		0.00 0.00 0.00		\$ \$ 	0.00 0.00 897.00	_
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$		0.00		\$	0.00	1
	8g.	Pension or retirement income	– 8g.		\$ -		).00	_	\$	0.00	_
	8h.	Other monthly income. Specify:	8h.		\$		0.00	_		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	 S	3,758		- 1 г	\$	897.0	0
			г	_			Г			1	_
10.		•	10.   9	\$_		3,758.00	+ 9	;	897.00	= \$_	4,655.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L				L				
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe						in <i>Schedule</i>	<i>∃J.</i> +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resulter that amount on the Summary of Schedules and Statistical Summary of Certain lies								\$	4,655.00
10	D		,								nea ly income
13.	■ Do	you expect an increase or decrease within the year after you file this form?  No.	ſ								
		Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 James T. Loring		Check if t	his is:	
	- Cumoo II Lorinig			mended filing	
Deb	tor 2 Rosemary Loring				ving postpetition chapter
(Spo	puse, if filing)		13 e	xpenses as of	the following date:
Unit	ed States Bankruptcy Court for the:  DISTRICT OF NEW JERSEY VICINAGE	CAMDEN	MM	/ DD / YYYY	
1	nown) 18-29768-ABA				
	fficial Form 106J				
	chedule J: Your Expenses				12/15
info	Is this a joint case?  ☐ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?				
	<ul><li>■ No</li><li>☐ Yes. Debtor 2 must file Official Form 106J-2, Exper</li></ul>	nses for Separate Household	of Debtor 2.		
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information f each dependent	•	•	Dependent's age	Does dependent live with you?
	Do not state the dependents names.				☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
3.	Do your expenses include expenses of people other than yourself and your dependents?				☐ Yes
Est exp	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unleadenses as of a date after the bankruptcy is filed. If this is a solicable date.				
the	lude expenses paid for with non-cash government assistan value of such assistance and have included it on <i>Schedule</i> ficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your resident payments and any rent for the ground or lot.	ce. Include first mortgage	4. \$		1,572.71
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
5.	<ol> <li>Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as</li> </ol>	s homo oquity loops	4d. \$ 5. \$		0.00
J.	Additional mortgage payments for your residence, Such as	o nome equity toans	υ. φ		0.00

6. Utilities:  6. Electricity, heat, natural gas  6. Electricity, heat, natural gas  6. Electricity, heat, natural gas  6. Water, sawer, garbage collection  6. S \$ 80,00  6. Collectricity, heat, natural gas  7. Food and housekeeping supplies  7. S \$ 400,00  7. Food and housekeeping supplies  7. S \$ 400,00  7. Food and housekeeping supplies  7. S \$ 400,00  7. Food and housekeeping supplies  7. S \$ 50,00  7. Food and housekeeping supplies  7. S \$ 50,00  7. Food and housekeeping supplies  7. S \$ 50,00  7. Food and housekeeping supplies  7. S \$ 50,00  7. Food and housekeeping supplies  7. S \$ 50,00  7. Food and housekeeping supplies  7. S \$ 50,00  7. Food and dental expenses  7. S \$ 50,00  7. Instruction include include expenses  7. S \$ 50,00  7. Instruction include include and services  7. S \$ 50,00  7. Instruction include included included in lines 4 or 20.  7. San Life insurance  7. S \$ 0,00  7. Instruction include insurance deducted from your pay or included in lines 4 or 20.  7. Specify:  7. S \$ 0,00  7. Installment or lease payments  7. S \$ 0,00  7. Installment or lease payments  7. S \$ 0,00  7. To Other, Specify:  7. One, Specify:  7. S \$ 0,00  7. To Other, Specify:  7. One, Specify:  7. S \$ 0,00  7. One, Specify:  7. S \$ 0,00  7. One, Specify:  7. S \$ 0,00  7. One, Specify:  7. One, Specify:  7. S \$ 0,00  7. One, Specify:  7. S \$ 0,00  7. One, Specify:  8. S \$ 0,00  9. Specify:  9. One payments for Vehicle 1  9. S \$ 0,00  9. Specify:  9. One payments for Vehicle 1  9. S \$ 0,00  9. Specify:  9. One payments for Vehicle 2  9. One payments for Vehicle 1  9. One payments for Vehicle 1  9. One payment for Vehicle 1  9. One payment for Vehicle 2  9. One payment		otor 1 otor 2	James T. Loring Rosemary Loring	Case num	ber (if known)	18-29768-ABA
6a. Electricity, hest, natural gas 6b. Water, sewer, garbage collection 6b. S 80.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 180.00 6d. Other, Specify: Cell Phone 7. Food and housekeeping supplies 8. Childcare and childran's education costs 8. \$ 0.00 7. Food and housekeeping supplies 8. Childcare and childran's education costs 9. \$ 50.00 8. Childcare and childran's education costs 9. \$ 50.00 10. Personal care products and services 10. \$ 50.00 11. Medical and dental expensions 11. \$ 50.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 80.00 13. Electratinent, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. 15. Insurance. 16. Littles unance 17. \$ 0.00 18. Health insurance deducted from your pay or included in lines 4 or 20. 19. Health insurance 19. \$ 15a. \$ 0.00 19. Personal care products and services 19. \$ 120.00 19. Health insurance 19. \$ 15a. \$ 0.00 19. Health insurance 19. \$ 15b. \$ 0.00 19. Health insurance 19. \$ 0.00 19. Health insurance insuran	6.	Utiliti	ies:			
6c. Telephone, call phone, Internet, satellite, and cable services 6d. do. Other, Specify. Cell Phone 6d. 5 220,00 7. Food and housekeeping supplies 7. \$ 400,00 8. \$ 50,00 9. Clothing, laundry, and dry cleaning 9. \$ 50,00 10. Personal care products and services 11. \$ 50,00 11. Medical and dental expenses 11. \$ 40,00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$ 80,00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 60,00 14. Chartable contributions and religious donations 15. Increasing the contributions and religious donations 16. Lie insurance 16a. Life insurance 16b. Health insurance 16c. \$ 10.00 15b. Health insurance 15c. Vehicle insurance 15d. Chartable contributions and religious donations 15d. Chartable contributions and religious donations 15d. Chartable contributions and religious donations 16c. Vehicle insurance 16c. Vehicle insurance 16d. Chartable contributions and religious donations 17d. Chief insurance 16c. S 17d. S 17d. Chief insurance 16c. S 17d. S 17d. Chief insurance 17d. S 17d. Car payments for Vehicle 2 17d. S 17d. Car payments for Vehicle 2 17d. Chief, Specily: 17d. Other, Specily	٥.			6a.	\$	280.00
6 d. Other, Specify: Cell Phone 7 Food and housekeeping supplies 7 Food and housekeeping supplies 7 Food and housekeeping supplies 9 Clothing, laundry, and dry cleaning 9 Clothing, laundry, and dry cleaning 9 Food and housekeeping supplies 10 Food and housekeeping supplies 11 Food State		6b.	Water, sewer, garbage collection	6b.	\$	80.00
7.   Soud and housekeeping supplies   7.   \$   400.00   9.   Clothing, laundry, and dry cleaning   9.   \$   50.00   9.   Clothing, laundry, and dry cleaning   9.   \$   50.00   9.   Clothing, laundry, and dry cleaning   9.   \$   50.00   10.   Personal care products and services   10.   \$   50.00   11.   Medical and dental expenses   11.   \$   40.00   12.   Transportation, Include gas, maintenance, bus or train fare.   12.   \$   80.00   13.   Intertainment, clubs, recreation, newspapers, magazines, and books   13.   \$   0.00   15.   Insurance   15.   \$   0.00   16.   Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.   16.   Specify:   16.   \$   0.00   17.   Charles   17.   \$   698.00   17.   Charles   17.   \$   698.00   17.   Charles   17.   \$   0.00   17.   Charles, Specify:   17.   \$   0.00   18.   Your payments for Vehicle 2   17.   \$   0.00   19.   Charles, Specify:   17.   \$		6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	180.00
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 50,00 10. Personal care products and services 11. \$ 40,00 11. Medical and dental expenses 11. \$ 40,00 12. Transportation, include gas, maintenance, bus or train fare. Do not include care payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 8,000 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 40,000 15b. Health insurance from your pay or included in lines 4 or 20. 15b. Life insurance specify: 15c. Value insurance. \$ 15b. \$ 412,00 15b. Value insurance. \$ 123,00 15b. Other insurance. \$ 123,00 15b. Taxes. Do not include inserts educated from your pay or included in lines 4 or 20. Specify: 16c. Taxes. Do not include inserts educated from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other payments for Vehicle 2 17b. S 0.000 17c. Other. Specify: 17d. Other payments or vehicle 2 17b. S 0.000 17c. Other. Specify: 17d. Other payments or vehicle 2 17d. S 0.000 18b. Your payments or vehicle 2 17d. S 0.000 19b. Other payments or vehicle 2 19c. Vour payments or vehicle 3 19c. Vour payments or vehicle 4 19c. Vour payments or vehicle 5 19c. Vour payments or vehicle 5 19c. Vour payments or vehicle 6 19c. Vour payments or vehicle 7 19c. Vour payments or vehicle 8 19c. Vour payments or vehicle 9 19c. Vour pa		6d.	Other. Specify: Cell Phone	6d.	\$	220.00
0. Clothing, laundry, and dry cleaning 0. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 40.00 12. Transportation, include gas, maintenance, bus or train fare. 12. \$ 80.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. \$ 0.00 15. Insurance. 15. Life insurance and religious donations 15. Life insurance and religious donations 15. Life insurance and training the product of the	7.	Food	l and housekeeping supplies	7.	\$	400.00
10. Personal care products and services  11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare.  13. De not include care payments.  14. \$ 80.00  15. Entertainment, clubs, recreation, newspapers, magazines, and books  16. Charitable contributions and religious donations  17. Insurance.  18. Do not include insurance deducted from your pay or included in lines 4 or 20.  18. Life insurance.  18. Life insurance	8.	Child	Icare and children's education costs	8.	\$	0.00
11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. \$ 0.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 158. Life insufance 159. \$ 0.00 159. Life insufance 150. \$ 0.00 150. Health insurance 150. \$ 0.00 150. Vehicle insurance specify: 150. \$ 0.00 150. The fire insurance specify: 150. \$ 0.00 151. Installment or lease payments: 170. Car payments for Vehicle 2 171. Car payments for Vehicle 2 172. Other. Specify: 174. Other. Specify: 175. \$ 0.00 176. Ther. Specify: 176. \$ 0.00 177. Other. Specify: 177. Car payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I). 18 \$ 0.00 19 Other payments of unique to support others who do not live with you. 19 Other payments you make to support others who do not live with you. 20 Specify: 20 Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20 Other payments you make to support others who do not live with you. 20 Specify: 20 Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 21 Other: Specify: 22 Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 23 Other payments you make to support others who do not live with you. 24 Other specify: 25 Other (and the payment your payment your mainty level payment your paym	9.	Cloth	ning, laundry, and dry cleaning	9.	\$	50.00
11. Medical and dental expenses Do not include car payments. Do not include car payments. Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. 15c. Vehicle insurance. 15d. Health insurance 15d. S	10.	Pers	onal care products and services	10.	\$	50.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. \$ 0.00 15b. Health insurance 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 123.00 15d. Other insurance.				11.	\$	
13. Entertalimment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. S	12.	Trans	sportation. Include gas, maintenance, bus or train fare.			
14. \$   0.00		Do no	ot include car payments.	12.	\$	80.00
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Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. \$ 0.00  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17c. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. Other. Specify: 17c. Other. Specify: 17d. S 0.000 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18. S 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. S 0.00 20b. S 0.00 20c. Property, homeowner's, or renter's insurance 20c. S 0.00 20d. Maintenance, repair, and upkeep expenses 20d. S 0.00 20e. Homeowner's association or condominium dues 20e. S 0.00 20e. Homeowner's association or condominium dues 22e. S 0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule 1. 23b. Copy vour monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your car loan within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	14.	Char	itable contributions and religious donations	14.	\$	0.00
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22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. Subtract your monthly expenses from your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.					· ·	
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22c. Add line 22a and 22b. The result is your monthly expenses.  \$ 4,215.71  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 4,655.00 23b\$ 4,215.71  23c. \$ 439.29  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  ■ No.			· · · · · · · · · · · · · · · · · · ·		I	4,215.71
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23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .  23c. \$ 439.29  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.	23.		•	232	¢	4 655 00
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For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.		23c.		23c.	\$	439.29
☐ Yes. Explain here:	24.	For exmodifi	kample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage?			ease or decrease because of a
		☐ Ye	es. Explain here:			

Schedule J: Your Expenses

page 2

Official Form 106J

Fill in this information to identify your case:							
Debtor 1	James T. Loring						
	First Name	Middle Name	Last Name				
Debtor 2	Rosemary Loring						
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF NEW JE	RSEY CAMDEN VICINAGE				
_	18-29768-ABA						
(if known)							

 Check if this is an amended filing

#### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Di	d you pay or agree to pay someone who is NOT ar	n attorney to help	you fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read the they are true and correct.  /s/ James T. Loring James T. Loring Signature of Debtor 1	·	/s/ Rosemary Loring Rosemary Loring Signature of Debtor 2
	Date July 1, 2022		Date July 1, 2022